INDIVIDUAL LIFE INSURANCE

CERTIFIED RESIDENTIAL ADDRESS

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete it might cause a delay. Kindly ensure that you submit a fully filled form together with the signed illustration. The proposed life assured and policy owner are required to disclose all information requested. Please retain a copy of this proposal form and other correspondences with us for your future reference.

PDF For best results, use Adobe Acrobat or a similar PDF processing application to fill out the form.

1. Policyholder Details

1. Full Name

☐ Mr. ☐ Ms. ☐ Mrs.

3. Mobile

5. Email

2. Address in the UAE

Building:

P.O. Box:

City:

Country: **UAE**

Street:

Telephone:

4. Address in the Home Country

Building:

P.O. Box:

City:

Country:

Street:

Telephone:

2. ACKO's Data Privacy Notice and Data Subject's Consent

ACKO Insurance Limited (hereinafter referred to as "ACKO") respects your privacy and is committed to protecting it. ACKO abides by applicable Data Protection regulations. Each of the applicant(s), proposer(s), insured member(s), beneficiary(ies), insurance intermediary(ies), any person(s) contacting ACKO for any purpose (altogether referred to as "Data Subject"/"you"/"your") hereby consents and authorises ACKO Insurance Limited ("ACKO") to collect, use, store, maintain, transfer, disclose, process your personal data (which includes but is not limited to personal identification data, personal sensitive data, personal health data as provided to and/or obtained by ACKO) in accordance with ACKO's privacy policy as published on **www.ackoinsurance.co.uk/privacy-policy.**

The Data Subject confirms to have notified all other relevant Data Subject(s) about ACKO's Privacy Policy and to have obtained their relevant consents prior to transferring any of their personal data to ACKO.

3. Participant Declaration

I hereby certify that I reside at the address mentioned above.

Name

Date

Signature